

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90017 011 \*\*\*150.00

<b>DOCUMENT # P00000010490</b> 1. Entity Name <b>SOVEREIGN MANAGEMENT COMPANY, INC.</b>					
Principal Place of Business <b>7041 GRAND NATIONAL DRIVE SUITE 132 ORLANDO, FL 32819</b>			Mailing Address <b>P O BOX 2310 WINTER PARK, FL 32790-2310</b>		
2. Principal Place of Business <b>12120 INTERNATIONAL DA</b>			3. Mailing Address  		
Suite, Apt. #, etc. <b>SUITE 200</b>			Suite, Apt. #, etc.  		
City & State <b>ORLANDO FL</b>			City & State  		
Zip <b>32824</b>		Country <b>US</b>		Zip  	
Country  		4. FEI Number <b>59-3621316</b>			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>W &amp; P SERVICES, INC. 1936 LEE ROAD SUITE 101 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <b>FL</b> Zip Code  		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STANISLAW, ROBERT A 12120 INTERNATIONAL DRIVE STE 200 ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLORY, PAUL G 12120 INTERNATIONAL DRIVE STE 200 ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBSTER, DAVID A 1936 LEE RD STE 101 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert A. Stanislaw</u> <b>Robert A. STANISLAW</b> <u>4 MAR 05</u> <u>407-597-2610</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					